

|                             |                         |              |                        |                     |
|-----------------------------|-------------------------|--------------|------------------------|---------------------|
| SERIAL NUMBER<br>09/305,457 | FILING DATE<br>05/06/99 | CLASS<br>426 | GROUP ART UNIT<br>1761 | ATTORNEY DOCKET NO. |
|-----------------------------|-------------------------|--------------|------------------------|---------------------|

APPLICANT

FRANK ABDULLOVSKI, DANIELSON, CT.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/25/99 \*\* SMALL ENTITY \*\*

|                                                             |                                                                                                                                                                   |                        |                     |                   |                         |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|-------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>CT | SHEETS DRAWING<br>1 | TOTAL CLAIMS<br>4 | INDEPENDENT CLAIMS<br>1 |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|-------------------|-------------------------|

|                                                                       |                                                                                |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Verified and Acknowledged<br>Examiner's Initials _____ Initials _____ | JOHN P HALVONIK<br>806 WEST DIAMOND AVENUE SUITE 301<br>GAIITHERSBURG MD 20878 |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|

|                                                        |  |
|--------------------------------------------------------|--|
| TITLE<br>RETAIL SNACK FOOD PACKAGE WITH DIP IN THE BAG |  |
|--------------------------------------------------------|--|

|                              |                                                                                                                       |                                                                                                                                                                                                                                                                           |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED<br>\$380 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|